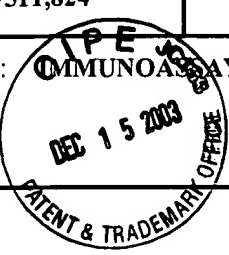

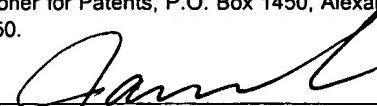


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>42479-2500</b>	
Applicant(s): <b>Yasuo Yamao et al.</b>					
Serial No. <b>09/511,824</b>	Filing Date <b>02.24.2000</b>	Examiner <b>Gabel, Gailene</b>		Group Art Unit <b>1641</b>	
Invention: <b>IMMUNOASSAY METHOD FOR LYSED WHOLE BLOOD</b>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div> <p style="text-align: center;"><u>TO THE COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> </div> <div style="text-align: right;"> <p style="transform: rotate(-15deg); font-weight: bold;">RECEIVED</p> <p style="transform: rotate(-15deg); font-weight: bold;">DEC 17 2003</p> <p style="transform: rotate(-15deg); font-weight: bold;">TECH CENTER 1600/2000</p> </div> </div>					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex;"> <div style="flex: 1;"> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <b>19-2814</b> in the amount of</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-2814</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> </div> <div style="flex: 1; text-align: right; padding-top: 20px;"> <p>Dated: <b>December 11, 2003</b></p> </div> </div> <div style="margin-top: 20px;"> <p style="text-align: center;"> Signature</p> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Joseph W. Price</b> Reg. No. 25,124 <b>SNELL &amp; WILMER LLP</b> 1920 Main Street, Suite 1200 Irvine, CA 92614 Tel: 949-253-4920 Fax: 949-955-2507</p> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on <b>December 11, 2003</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;"> Signature of Person Mailing Correspondence</p> <p style="text-align: center;"><b>James Lee</b> Typed or Printed Name of Person Mailing Correspondence</p> </div> </div>					
CC:					



Patent  
42479-2500

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Yasuo Yamao, et al.

Serial No.: 09/511,824

Filed: February 24, 2000

For: IMMUNOASSAY METHOD  
FOR LYSED WHOLE BLOOD

Patent Examiner: Gailene Gabel

Group Art Unit: 1641

December 11, 2003

Irvine, California 92614

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sirs:

In response to the Restriction Requirement of November 19, 2003, please amend the above-identified Application as follows: